

**HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD**

**WEDNESDAY 13 NOVEMBER 2024 FROM 10:40 HOURS**

**SYNERGY SUITE, HEALTH HOUSE, GRANGE PARK LANE, WILLERBY, HU10 6DT**

**Attendees and Apologies**

**ICB Board Members: "Ordinary Members" (Voting Members)**

**Present:**

Sue Symington (Chair) HNY ICB Chair

Stephen Eames HNY ICB Chief Executive

Councillor Jonathan Owen Local Authority Partner Member (left at 12.30 pm)

Dr Bushra Ali Primary Care Partner Member

Dr Nigel Wells HNY ICB Executive Director of Clinical & Professional Services

Emma Sayner HNY ICB Acting Executive Director of Finance & Investment

Jane Hazelgrave HNY ICB Acting Deputy Chief Executive / Chief Operating Officer

Jayne Adamson HNY ICB Executive Director of People

Mark Chamberlain HNY ICB Non-Executive Director

Richard Gladman HNY ICB Non-Executive Director

Stuart Watson HNY ICB Non-Executive Director

Teresa Fenech HNY ICB Executive Director of Nursing & Quality

**Apologies:**

Amanda Bloor HNY ICB Deputy Chief Executive / Chief Operating Officer

Jonathan Lofthouse Provider Partner Member

**ICB Board Members "Participants" (Non-Voting Members)**

**Present:**

Andrew Burnell Partner Participant (Community Interest Companies) – Via Teams

Anja Hazebroek HNY ICB Executive Director of Communications, Marketing & Media Relations

Councillor Stanley Shreeve Partner Participant (Local Authority: N & NE Lincolnshire)

Dr Deepti Alla HNY ICB, Associate Non-Executive Director

Dr Simon Stockill Primary Care Collaborative Lead

Jason Stamp Partner Participant (Voluntary, Community & Social Enterprise)

Karina Ellis HNY ICB Executive Director of Corporate Affairs

Louise Wallace Partner Participant (Public Health)

Max Jones HNY ICB Chief Digital Information Officer (CDIO)

Peter Thorpe HNY ICB Executive Director of Strategy & Partnerships

**Apologies:**

Brent Kilmurray Partner Participant (Mental Health, Learning Disabilities and Autism)

Councillor Michael Harrison Partner Participant (Local Authority: North Yorkshire and York)

Helen Grimwood Partner Participant (Healthwatch)

Mike Napier Director of Governance and Board Secretary

Professor Charlie Jeffery Partner Participant (Further Education)

Professor Dumbor Ngaage HNY ICB Associate Non-Executive Director

**"Observers" and Individuals Presenting Items**

Alison Flack Care Group Director, Humber NHS Foundation Trust

Emma Jones HNY ICB Business Services Senior Officer (Corporate Affairs)

Mark Brearley Interim Group Chief Financial Officer, Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

**BOARD GOVERNANCE**

**1. Welcome and Introductions**

The Chair opened the meeting and welcomed everyone present and those observing the meeting via the livestream.

 The Board was reminded that this was a meeting held in public and was being filmed and recorded for that purpose. Artificial intelligence (AI) was assisting in the minuting.

**2. Apologies for Absence**

The Chair noted the apologies as detailed above, and it was confirmed that the meeting was quorate.

 New observers including Mark Brearley and Alison Flack, were welcomed.

**3. Declarations of Interest**

 In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

(i) any interests which were relevant or material to the ICB;

(ii) that nature of the interest declared (financial, professional, personal, or indirect

(iii) any changes in interest previously declared;

No declarations of interest were noted in relation to the business of the meeting.

**4. Minutes of the Previous Meeting held on 9 October 2024**

 The minutes from the previous meeting held on 9 October 2024 were checked for accuracy and the Board agreed them as a true and accurate record.

 The Chair noted three closed items and two in progress, including suicide prevention and special educational needs and disabilities (SEND).

 It was noted that the Board would be updated regarding Oliver McGowan training at the Part B (Private) meeting. Progress and a full appraisal were expected by February 2025.

 The Executive Director of Clinical and Professional mentioned ongoing meetings with other freedom to speak up guardians to further this progress.

 It was noted that the Primary Care Network (PCN) Test Pilot meeting had taken place last week (7 November 2024) and was attended by Dr Claire Fuller, Primary Care Medical Director, NHS England (NHSE) and Tim Briggs, NHS England's (NHSE’s) National Director for Clinical Improvement and Elective Recovery had met with PCN pilot leads last week and the majority of Providers were also involved in this meeting. The ICB’s Chair was present along with representation from the Local Medical Committee (LMC). There was a real drive for quality improvement approach. It was positive to hear regarding the good clinical engagement.

 It was also noted that a National meeting had taken place yesterday (12 November 2024) regarding PCN pilot work which echoed the positive feedback. A letter had been received and this would be shared with the Board Members for information.

The minutes would be signed by the Chair.

 **Outcome:**

 **Board Members approved the minutes of the meeting held on 9 October 2024** **and noted the above verbal updates.**

**5. Matters Arising and Actions**

The Chair led the Board discussion on the action tracker updates, three of them were completed and one in progress regarding suicide prevention and one regard special educational needs and Disabilities (SEND).

 **Outcome:**

**Board Members noted the action tracker updates.**

**6. Notification of Any Other Business**

Members of the Board were reminded that any proposed item to be taken under any other business must be raised and subsequently approved at least 48 hours in advance of the meeting by the Chair.

 The Chair advised that no such notifications had been received.

 **Outcome:**

 **Board Members noted that there were no items of any other business to be taken at the meeting.**

**7. Voice of the Lived Experience**

 The Chair invited the Executive Director of Communications, Marketing and Media Relations to provide an overview of the Voice of the Lived Experience. This month’s report focused the "We Need to Talk" engagement findings.

 The high response rate of 3,339 surveys and key issues identified by the public were emphasised, such as long waiting times, understaffing, and poor communication between services. The importance of addressing specific community needs was highlighted and mentioned that 75% of responses were from the public, 23.5% from NHS colleagues, and 1.5% from wider system partners.

 A short film was shared featuring the Children and Young People's Alliance, where young people discussed their thoughts on the NHS, including the importance of communication and accessibility.

 The Board discussed the importance of focusing on customer service aspects of healthcare, such as appointment scheduling and information sharing between GPs and hospitals, to improve patient experience. It was suggested that the Board could learn from the Symposium on digital held last week (6 November 2024), which emphasised the importance of customer service in healthcare.

It was agreed to explore opportunities to improve customer service aspects in healthcare, particularly around appointment scheduling and information sharing between GPs and hospitals.

 Thanks were conveyed to those members of the public who had shared their very personal and sensitive stories which had been really helpful.

 **Outcome:**

 **Board Members noted and discussed the key themes.**

**8. Board Assurance Framework**

The Chair invited the Executive Director of Corporate Affairs to provide the update to the Board Assurance Framework (BAF). The BAF contained 10 active risks, with the assessed risk ratings remaining the same as the previous month, there had been no substantial changes although progress was highlighted on the mitigating actions and the need to reflect on the recent government announcements.

 It was also noted that work was ongoing on the equality and diversity piece and the potential need to update the framework based on recent government announcements.

 Discussion was raised regarding the mitigating actions and whether there was a threshold for reducing the BAF risk levels.

 **Outcome:**

 **Board Members:**

* **Discussed the updates.**
* **Approved the updated Board Assurance Framework (BAF).**
* **Identified any further areas of risk that may impact on the delivery of the ICB strategic objectives.**
* **The Executive Directors to reflect on recent government announcements and consider any necessary updates to the Board Assurance Framework (BAF).**

**CONTEXT, PERFORMANCE AND ASSURANCE**

**9. Chief Executive Update**

The Chief Executive led this item, and an update was provided on the recent NHS announcement, and three recent notable events, the Primary Care Network (PCN) Test pilot visit, the digital Symposium and IRIS and the collaborative efforts by the ICB and ICS were acknowledged.

On 5 November 2024, the Chief Executive and Chair had met with Health Minister Stephen Kinnock highlighting the consensus on direction, the importance of leadership, and the NHS's role in growth and innovation. Key points included the NHS's role in bringing people back to work and the potential of big data and innovation.

The recent announcements on NHS leadership and accountability were also discussed, emphasising the focus on self-managed systems, strategic commissioning, and the role of the ICB as a system leader. He mentioned the need for clarity on the roles of the NHS Executive, regional teams, and ICBs, as well as the introduction of league tables and turnaround teams for poorly performing organisations.

The Chief Executive also touched on the importance of maintaining a balance between hospital transformation and primary care, social care, and community services to ensure comprehensive healthcare delivery. The ICB should operate as a strategic commissioner, adapting to changes in the system and hospital transformation depended on broader systematic change. The full detail of the operating model was awaited, and consideration was to be given to the ICB’s system development regarding this. There was very clear accountability of NHS and Trusts. Discussions also addressed the prevention agenda and its implications.

 **Outcome:**

 **The Board noted the update provided.**

**10. Finance**

The Acting Executive Director of Finance and Investment led the item and gave an update on the financial position for Month 6, noting a small overspend of £1.4 million and the receipt of a £50 million deficit support allocation. The board would receive a heads-up position for Month 7 int eh private session.

The importance of maintaining control as emphasised and the ICB was working closely with Human Resources (HR) on workforce issues. The challenges in delivering the plan were also highlighted and the need for ongoing executive focus. All efforts were being made opportunities explored and the ICB were maintaining strong control over self-management and regulation.

It was noted that the capital profile was behind due to scheme delays, but this would progress throughout the year. The RAG rating shows slight revenue variation attributed to Provider cost improvement efficiency delivery. The running costs allocated of £128 million do not reflect the true figures and agency costs were a concern, particularly impacting performance against the mental health standard.

The Chief Executive added that the next two years would be even tougher financially, with no additional resources expected for pay settlements and a continued focus on improving performance in elective waiting lists and emergency care pathways.

Provider agency costs, driven by medial agencies were mentioned. The national targe for agency costs was acknowledged and the ICB had made improvements.

Richard Gladman raised a question about the variation in efficiency schemes among providers, to which the Acting Executive Director of Finance responded that the variation was due to different levels of progress in implementing best practices and converting non-recurrent efficiencies to recurrent ones.

Concerns were also expressed about staff moving from employment to higher-paying agency roles.

**Outcome:**

**The Board**

**i) Noted the Month 6 system financial position for 2024/25.**

1. **Noted the mitigating actions being pursued in year to deliver 2024/25 financial plan.**
2. **Ensure ongoing executive focus on maintaining control over the financial position and addressing challenges in delivering the plan.**

**11. Performance Report**

The Acting Deputy Chief Executive / Chief Operating Officer led this item and provided an overview of the performance report, highlighting key areas such as urgent and emergency care, elective waiting times, and mental health services. She noted the challenges in meeting targets, particularly in urgent and emergency care (UEC), where the system performance was 71.8% against a target of 78%. The good performance in over 65-week waits was also mentioned and the need to address the backlog in elective care.

It was also noted that NHS England had recently published (12 November 2024) ‘The insightful ICB board’ [NHS England » The insightful ICB board](https://www.england.nhs.uk/publication/the-insightful-icb-board/) document, which was a guide to help ICB’s to assess the effectiveness of the information they collect and use and utilised the ICB’s performance report.

There were no significant trends identified and the dashboard on slide five indicated that the ICB remained a challenged system.

The issue of collective action was raised, highlighting potential impacts on performance in other areas of the system and this was noted as a concern.

Mark Chamberlain asked about the variation in emergency department performance among Trusts, to which a response was provided, and it was noted that the variation was due to differences in senior clinical decision-making and ambulance handover processes. The need for consistent application of best practices was emphasised across the system.

Richard Gladman raised a question about primary care access, noting the discrepancy between patient expectations and the two-week target for GP appointments. Dr Stockill responded that while access had improved, the focus should be on continuity of care and achieving the best outcomes for patients. The improvements in primary care were noted.

The Executive Director of People updated the Board on workforce metrics, noting improvements in agency and bank usage, as well as substantive recruitment. Considerable work was underway concerning agency usage, which the ICB had thoroughly mapped. The importance of maintaining progress was emphasised and addressing medical staffing costs. The overall workforce position was 234 whole-time equivalents over plan, which is 0.5% of the plan. Although the plan for the rest of the year was ambitious, the pay bill remained high and would be discussed further in the private session.

 **Outcome:**

 **Board Members:**

1. **Noted the development of the Board performance report in terms of its content, length, and presentation.**
2. **Considered and discuss the performance report: - in particular, the issues highlighted in the cover sheet.**
3. **Provided feedback to support the further development and evolution of the Board Performance Report.**
4. **It was agreed to provide more current performance data in future reports to ensure the Board had an accurate understanding of the current situation.**

**12. Board Committee Summary Reports**

The Chair introduced the items for escalation from the Board Committee Summary Report and the alerts for escalation were noted, specifically regarding the following:

The Audit Committee reported on the extension of the external audit contract and the transition to a new accounting system. The Committee emphasised the importance of ensuring a smooth transition and maintaining business continuity.

The Quality Committee highlighted ongoing focus areas, including maternity services and patient safety in emergency departments. The Committee Chair mentioned the importance of addressing issues such as corridor care and ambulance handovers. The committee also signed off on a modern slavery statement for the Integrated Care Partnership (ICP).

The Finance Committee discussed the community equipment service contract award and the continued focus on the financial position. The importance of ongoing discussions and planning to address financial challenges was emphasised. The ICB were mitigating delivery of the 2024/25 plan.

 **Outcome:**

 **Board Members note the content of the Committee Assurance and Escalation Reports.**

**OTHER MATTERS FOR THE BOARD**

**13. Humber and North Yorkshire Five-Year Dementia Plan**

Alison Flack, Care Group Director, Humber Teaching NHS Foundation Trust presented the five-year Dementia Plan emphasising the importance of increasing diagnosis rates, improving post-diagnostic support, and working with various stakeholders to ensure comprehensive care. The six key priorities of the plan were highlighted and the need for ongoing monitoring and collaboration with co-production groups. This work was universally across Humber and North Yorkshire (HNY).

 Clinical input was provided by the Clinical and Professional Steering Group.

 The Partner Participant (Voluntary, Community & Social Enterprise) discussed the importance of integrating the dementia plan with other system strategies, such as the work on hospital discharge and the involvement of the voluntary sector and emphasised the need for sustainable funding and a holistic approach to dementia care.

 The Mental Health Collaborative were responsible for delivering the plan, and outcomes with measureable impact would be shared with the ICB.

 **Outcome:**

 **Board Members approved the five-year plan ready for its launch in November 2024.**

**14. Winter Plan 2024/25**

The Acting Deputy Chief Executive provided an update on the preparations and planning in place across Humber and North Yorkshire (HNY) for the winter period 2024/2025, responding to the NHS England (NHSE) Winter planning and H2 priorities letter and ensuring that appropriate arrangements were in place.

 The winter planning efforts were highlighted and the establishment of single point of access hubs, the Opel framework, and the need for consistent application of high-impact changes across providers.

 There were gaps in the current plans and the need for ongoing assessment and validation through individual provider conversations was noted.

 The weather changes expected this weekend would mark the beginning of winter, and the importance of ensuring that all providers are prepared.

 Reference was made about the gaps in the winter plans and whether they could be filled, and it was noted that the gaps would be validated through face-to-face meetings with providers, and an assessment would be made to understand the constraints and resources needed.

 The Chair emphasised the need for regular updates on winter planning progress, particularly during the critical months of December, January, and February.

 Concern was also raised regarding ambulance handover, and this would be discussed further by the Executive Committee next week.

 The definition of winter commenced on 1 September 2024.

**Outcome:**

**Board Members:**

1. **Noted the national NHSE Winter Planning letter and plans put in place across Humber and North Yorkshire in response.**
2. **Considered appropriate oversight arrangements for Board members so they are sighted on the work and position over the winter period.**
3. **It was agreed to validate the gaps in winter planning through individual provider conversations and provide an update on the assessment and risk at the next Board meeting.**
4. **It was agreed to provide regular updates on winter planning progress during the critical months of December, January, and February.**

**15. Place Joint Committee Arrangements**

The Chair introduced this item, and the Executive Director of Strategy provided an update on the delegation to place as key to sustainability and care systems, excellence, and prevention by enabling development and delivery of services with local system partners, focused on local populations.

 The development of joint committee arrangements at the Place level was highlighted, emphasising the importance of aligning resources and working collaboratively with Local Authorities (Las). The need for transparency was acknowledged and the potential for future integration.

 The importance of listing all influenceable spend in Place was mentioned and working towards a mature, integrated approach.

 A question was raised about the future of Place arrangements, considering the evolving political landscape and the introduction of new Mayors. It was noted that the six places would remain as democratically mandated councils, and the focus would be on building strong relationships and aligning resources to meet population needs.

 The Board supported approval of the work being undertaken.

 **Outcome:**

 **Board Members:**

* **Approved the proposal in principle to establish formal partnerships in the form of a joint committee between the following:**

**o HNY ICB and City of York Council**

**o HNY ICB and North Lincolnshire Council**

**o HNY ICB and Hull City Council**

**o HNY ICB and East Riding of Yorkshire Council**

* **Noted the intention to have new / expanded Section 75 agreements in place, which in some cases will replace and subsume the current Section 75 agreement.**
* **Note that final proposals will proceed through governance arrangements for formal decision making including ICB board and local authority approval.**
* **Noted the progress made in place-based development and the need to ensure continued organisational development at and across places to maximise place leadership and skills, and to embed joint committees.**
* **Noted the progress made by North Yorkshire Health and Care Partnership and intention to take the proposal to North Yorkshire Place Board on 27th November.**
* **Noted the update on arrangements on North East Lincolnshire Health and Care Partnership.**
* **Agreed to continue developing Joint Committee arrangements at the Place level, ensuring transparency and alignment of resources with local authorities.**

**16. Governance Items Delegated to the Board**

The Chair introduced the governance items delegated to the Board, specifically in relation to the Digital, Data and Improvement Committee. The Executive Director of Corporate Affairs expressed that the purpose of the Committee was to identify the interdependence between digital, data, continuous innovation, research, and improvement.

 The aim was to enhance the focus on digital strategy, data, and innovation.

 Reference was made regard the two Local Authority (LA) representative and whether these were elected members. The ICB indicated that they would provide guidance on this matter.

 The importance of strong collaboration with public health colleagues in LAs was emphasised to ensure effective connections were established.

 A strategy or roadmap summarirsing the work undertaken, including enablers across the board was proposed to outline tangible deliverables. This included recent developments and new government directions as well as technologies and convergency of Electronic Patient Record (EPR) platforms. Simplifying complexity to provide the board with a monitorable document was acknowledged, as necessary.

 It was noted that managing a large gorp presented challenges.

 **Outcome:**

 **Board Members:**

* **Discussed and approved the disestablishment of the Digital Strategy**

**Committee and the Innovation Research Improvement System (IRIS) Committee.**

* **Approved the establishment of the Digital, Data, and Innovation Committee (DDIC) and its terms of reference. (Appendix A)**
* **Noted that any required changes to the governance documentation of the ICB (such as the Governance Handbook and the Scheme of Reservation and Delegation) will be undertaken and brought back to the Board, where applicable.**

**17. Board Assurance Framework Review**

The Board considered the Board Assurance Framework (BAF) in the light of the items discussed during the meeting. There were no changes identified.

 **Outcome:**

**Board Members agreed that there were no changes to be made to the Board Assurance Framework in the light of their discussions at the meeting.**

**18. Items for Information**

The Chair drew members’ attention to the positive developments set out in the news briefings provided and one questions from the public had been received regarding the principles of working in partnership with people and communities, the openness of collaborative and place meetings, and the potential for public access to these meetings. The response has already been sent to the member of public and emphasised the commitment to transparency and the current decision-making processes.

**19. Any Other Business**

 There were no items of any other business.

**20. Closing Remarks of Meeting**

The Chair thanked everyone for their participation and contributions.

**21. Date and Time of Next Meeting**

The next meeting would be held on Wednesday 11 December 2024.

**Humber & North Yorkshire Integrated Care Board: Matters Arising Action Log (Part A)**

| **Date Raised** | **Action Reference** | **Item No. and Action** | **Owner** | **Due Date** | **Progress / Status** |
| --- | --- | --- | --- | --- | --- |
| **14/08/2024** | **01-1408** | **8 – Voice of Lived Experience** |  |  |  |
|  |  | The Board agreed on the need to share the findings of the National GP Patient Survey with GP practices and to work on improving access and satisfaction levels.  | **Simon Stockhill** | **December 2024** | **DUE** |
| **14/08/2024** | **02-1408** | **14 – Suicide Prevention** |  |  |  |
|  |  | It was agreed to further investigate the data in relation to area of residence and the location where the death was registered. | **Teresa Fenech** | **November 2024** | **DUE** |
| **09/10/2024** | **01-0910** | **4 – Special Educational Needs and Disabilities (SEND)** |  |  |  |
|  |  | Ensure all Board Members complete the first stage of the Oliver McGowan training online and provide the necessary links for access.  | **Mike Napier** | **November/December 2024** | **DUE** |
| **09/10/2024** | **03-0910** | **13 – Breakthrough Programme Assurance Update** |  |  |  |
|  |  | Agreed to develop and implement a policy on agile working, including principles and guidelines for working from home and in the office | **Jayne Adamson / Karina Ellis** | **January 2025** | **DUE SOON** |
| **13/11/2024** | **01-1311** | **8 – Board Assurance Framework** |  |  |  |
|  |  | The Executive Directors to reflect on recent government announcements and consider any necessary updates to the Board Assurance Framework (BAF). | **Executive Directors** | **February 2024** | **NOT DUE** |
| **13/11/2024** | **01-1311** | **11 - Performance Report** |  |  |  |
|  |  | Agreed to provide more current performance data in future reports to ensure the Board had an accurate understanding of the current situation. | **Jane Hazelgrave** | **December 2024** | **DUE** |
| **13/11/2024** | **01-1311** | **14 - Winter Plan 2024/25** |  |  |  |
|  |  | Agreed to validate the gaps in winter planning through individual provider conversations and provide an update on the assessment and risk at the next Board meeting. Agreed to provide regular updates on winter planning progress during the critical months of December, January, and February. | **Jane Hazelgrave****Jane Hazelgrave** | **December 2024****Dec, Jan & Feb** | **DUE****Completed – on forward plan** |